



New England High Intensity Drug Trafficking Area

Course Enrollment Registration Form

(Please fill out completely!)

| | | | |
|--------------|------------------------------------|---------|---------------|
| Course Name: | Courtroom Testimony | Date(s) | May 6-7, 2009 |
| Location: | NEHIDTA Training Room, Methuen, MA | | |

| | | | |
|------------|-------------------------------------|---------------------------------------|----------------------|
| First Name | Arrest Authority: | Social Security #- last 4 digits only | |
| Last Name | <input type="radio"/> YES | <input type="text"/> | |
| M.I. | <input checked="" type="radio"/> NO | email | <input type="text"/> |

| | |
|---|---|
| Parent Agency (What agency signs your check? Spell Out) | Your Rank/Title-Spell Out. (If none , type none) |
| <input type="text"/> | <input type="text"/> |

| | |
|---------------------------------|--|
| Job Mailing Address-(Spell out) | Phone Number |
| Agency | <input type="text"/> |
| Address | FAX Number |
| City | State <input type="text"/> Zip Code <input type="text"/> Other Number <input type="text"/> |

| | | |
|---|--------------------------------------|---|
| Does your Agency participate in a HIDTA Initiative? | | Parent Agency is: |
| <input checked="" type="radio"/> Yes | Initiative Name <input type="text"/> | <input type="radio"/> No <input type="text"/> Federal |

Section below must be completed by Supervisor

| | |
|---|-------------------------|
| Approved by: (Supervisor's First name, MI, Last name) | Supervisor's Signature: |
| Rank/Title: | Title: |
| Agency and Address: | Telephone: |

Please **fax this Registration Form** to Cynthia Kahrman at **978-691-2510**.
A hard copy or fax **must be received with supervisor's approval before confirmation is sent.**
A confirmation letter will be sent as a reminder 2-3 weeks prior to the class.